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CONFIRMATION NO. 6874

<b>SERIAL NUMBER</b> 10/660,101	<b>FILING OR 371(c) DATE</b> 09/10/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1651	<b>ATTORNEY DOCKET NO.</b> DOC00561A/40218.130/DC500
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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/385,213 03/10/2003 which claims benefit of 60/363,386 03/11/2002  
 and claims benefit of 60/439,862 01/14/2003

les

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none les

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/01/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 67	<b>INDEPENDENT CLAIMS</b> 3
Verified and Acknowledged	Examiner's Signature: <i>[Signature]</i> Initials: <i>les</i>				

## ADDRESS

23368

## TITLE

Preparations for topical skin use and treatment

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<b>FILING FEE RECEIVED</b> 1746	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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